

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

August 20, 2014

9:30 am – 11:30 am

AGENDA

I Welcome and Introductions	Bertrand Levesque
II Review of the Minutes	Bertrand Levesque
III Heritage QI/QA Process	Stella Tam

Quality Improvement

I PRO Change of Provider Report	Bertrand Levesque
II List of Name for Provider Directory	Bertrand Levesque
III List of Providers and Services (Directory)	Bertrand Levesque
IV Final EQRO report	Bertrand Levesque
V MHSIP Survey	Elizabeth Owens
VI Office of Med. Director/Meds. Parameter	Elizabeth Owens
VII Cultural Competency	Elizabeth Owens
VIII Cultural Definition	Bertrand Levesque
IX Policy Updates	Elizabeth Owens
X Patient Rights Surprise Visit	Elizabeth Owens
XI Family Engagement Post Test	Bertrand Levesque
XII Test Calls – Incomplete	Bertrand Levesque

Quality Assurance Liaison Meeting

I IBHIS Procedure Codes	Bertrand Levesque
II Certification	Gassia Ekizian
III Documentation Training	Bertrand Levesque
III Report Writing	Bertrand Levesque
IV Clinic Process Timeline Targets	Bertrand Levesque
V Org. Manuel Chap. 4	Gassia Ekisian
VI Service Request Tracking Log	Gassia Ekisian
VII Countywide Children QIC	Gassia Ekisian
VIII Residential Facility Billing	Bertrand Levesque

Other Issues

I Announcements	All
II Adjournment	Bertrand Levesque

**Next Meeting: September 17, 2014 at Enki, 3208 Rosemead Blvd
2nd Floor, El Monte, Ca**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION**

Type of Meeting	Service Area 3 QIC	Date	8/20/2014	
Place	ENKI - 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.	Start Time:	9:30 am	
Chairperson	Dr. Bertrand Levesque	End Time:	11:00 am	
Co-Chairs	Elizabeth Owens & Gassia Ekizian			
Members Present				
	<i>Judy Law</i>	<i>Alma</i>	<i>Jennifer Phan</i>	<i>Hathaway-Sycamores</i>
	<i>Misty Arnoff</i>	<i>Alma</i>	<i>Stella Tam</i>	<i>Heritage Clinic</i>
	<i>Susan Lam</i>	<i>Almansor</i>	<i>Janet Yang</i>	<i>Heritage Clinic</i>
	<i>Sharon Scott</i>	<i>Arcadia MH</i>	<i>Beth Foster</i>	<i>Hillsides</i>
	<i>Fernando Reyes</i>	<i>Bienvenidos</i>	<i>Natalie Stepp</i>	<i>HFLF - Athena</i>
	<i>Mark Rodriguez</i>	<i>Bridges</i>	<i>Karla Martinez</i>	<i>Maryvale</i>
	<i>Leslie Shrager</i>	<i>Children's Bureau</i>	<i>Gabriela Rhodes</i>	<i>McKinley</i>
	<i>Erin Grierson</i>	<i>Crittenton</i>	<i>Vivian Chung</i>	<i>Pacific Clinics</i>
	<i>Paula Randle</i>	<i>David & Margaret</i>	<i>Daniela Chavez</i>	<i>Prototypes I-CAN</i>
	<i>Bertrand Levesque</i>	<i>DMH</i>	<i>Jennifer Lomas</i>	<i>PUSD</i>
	<i>Greg Tchakmakjian</i>	<i>DMH</i>	<i>Lorraine Romero</i>	<i>Rosemary</i>
	<i>Elizabeth Townsend</i>	<i>DMH</i>	<i>Diana Scott</i>	<i>Rosemary</i>
	<i>Cynthia Richardson</i>	<i>DMH - SFC</i>	<i>Rebecca deKeyser</i>	<i>San Gab. Children's</i>
	<i>Angel Towler</i>	<i>D'Veal</i>	<i>Dawn Dades</i>	<i>Social Model Recovery</i>
	<i>Ariana Alvarez</i>	<i>D'Veal</i>	<i>Sally S. Michael</i>	<i>SPIRITT</i>
	<i>Michelle Hernandez</i>	<i>ENKI</i>	<i>Elizabeth Owens</i>	<i>Tri-City MH</i>
	<i>Windy Luna-Perez</i>	<i>Ettie Lee</i>	<i>Natalie Majors</i>	<i>Tri-City MH</i>
	<i>Anna Milholland</i>	<i>Family Center (The)</i>	<i>Lisa Tran</i>	<i>Tri-City MH</i>
	<i>Tiffani Tran</i>	<i>Five Acres</i>	<i>Joe Bologna</i>	<i>Trinity</i>
	<i>Tammie Shaw</i>	<i>Five Acres</i>	<i>Katia Perez</i>	<i>Violence Intervention</i>
	<i>Gassia Ekizian</i>	<i>Foothill</i>		
	<i>Kameelah Wilkerson</i>	<i>Hathaway-Sycamores</i>		

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order & Introductions	Dr. Bertrand Levesque called the meeting to order, followed by self-introductions.		
Review of Minutes	Minutes from the July 2014 meeting were reviewed and accepted by Anna Milholland, seconded by Beth Foster.		
Heritage QI/QA Process	<p><u>Context:</u> Heritage Clinic serves older adult 60 and over. There are four offices in LA county. Service Area 3 is the home service area. The clinic serves approximately 400 clients in total.</p> <p><u>QA Process:</u> The responsibility of quality assurance is distributed across a variety of personnel, rather than a specific department. Compliance is monitored through the following avenues: 1. Annual Chart Reviews, 2. EHR alerts & review prompts, 3. Monthly QA/QI meetings 4. Supervision & Team meetings.</p> <p><u>Training:</u> Heritage Clinic staff members all receive regular training on a variety of topics, in addition to training on compliance.</p> <p><u>QI Process:</u> The clinic uses both internal and other standardized measures to help determine the quality of service provision.</p>	The next presenter will be Rosemary Children Services	TBA
Quality Improvement			
PRO Change of Provider Request (Dr. Levesque)	Circulated the change of provider tracking report. Everyone was informed to submit their report on time as required by the State.	Review report and make sure all information is accurate.	
List of Name for Provider Directory (Dr. Levesque)	Disseminated directory and asked members to list the contact person who is responsible to submit the report.	Review the list and make sure the contact name and phone number is accurate.	SA3 Members
Final EQRO Report (Dr. Levesque)	Reported that final EQRO report was released.	The report will be emailed to members.	Dr. Levesque

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MHSIP Survey <i>(Dr. Levesque)</i>	Provided an overview of MHSIP surveys: Over 11,000 surveys were received. Adults had the highest return rates. Older Adults had the lowest return rates. The overall response rate was 23%, and the overall complete rate was 18%. Service Area 2 had the overall highest return rates & Service Area 8 had the highest youth return rates.		
Office of Med. Director/Meds. Parameter <i>(Ms. Owens)</i>	Reviewed that there are 7 revised medication parameters. Children's parameters are still being worked on, and duty to warn parameter is also still in process. Some other parameters that are being addressed are BMI, and Engagement of Clients At Risk to Suicide.	Review and implement parameters as appropriate.	SA3 Members
Cultural Competency <i>(Ms. Owens)</i>	Provided and update CCC and on the four CCC work groups.	Next Meeting is scheduled for September 10 th 1:30 – 3:30 – 550 S. Vermont Ave., 10 th Floor	
Culture definition <i>(Dr. Levesque)</i>	Discussed that the QI division has informed us that the definition of culture that they will abide by is the one in the provider manual.	Review the definition of culture and inform agencies. (See Pg.10 of the Provider Manual).	SA3 Members
Policy Updates <i>(Ms. Owens)</i>	Noted the updated policies	Implement policies as appropriate.	SA3 Members
Patient's Rights <i>(Ms. Owens)</i>	Informed members that PRO staff along with Program Support Bureau will be making various unscheduled site visits in order to ensure that required materials are displayed.	Review the handout "Physical Plant Inspection" and make sure that clinics are in compliance.	SA3 Members
Family Engagement Post Test <i>(Dr. Levesque)</i>	Informed that members will very soon receive an email to complete the Family Engagement Post Test. (For those involved in the pre-test).	Complete the posttest return to the QI division.	SA3 Members
Test Calls – Incomplete <i>(Dr. Levesque)</i>	Informed that all of the Test Calls completed for Service Area 3 did not get to appropriate place. Therefore, a volunteer is needed to complete a test call ASAP & returned to Dr. Levesque by fax.	Kameelah Wilkerson (Hathaway-Sycamores) volunteered to complete the test call.	Ms. Wilkerson

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Emails/HIPAA (Dr. Leveque)	Reminded members that it is a HIPAA issue to send any emails with PHI from outside the DMH network to anyone at DMH.	This type of information should only be sent via fax or mail. Please remind agency staff.	SA3 Members
Quality Assurance			
IBHIS Procedure Codes (Dr. Levesque)	Reviewed the handout of draft: <i>"IBHIS Addendum to Procedure Codes"</i> and discussed the probability of denials when (for a single client) more than one service from the same provider is claimed on the same date, with the same code. The issue is that these can appear as duplicates. Actual claiming times is medical requirement, rather than rounding. There is also a 59 code modifier that can help differentiate services.	Service providers should never round claiming times, but use actual time. Please notify agency staff. More discussion will follow on this.	SA3 Members
Certification (Mr. Ekizian)	Reminded members that when changes/moves are made to a certified site, the district chief must be notified ahead of time, so that certification can be informed. This should be done before any services are provided.	Provide district chief <u>with ample prior notice</u> before making changes to certified sites, or when requesting to certify a site.	SA3 Members
Documentation Training (Dr. Levesque)	Reminded members that there is documentation training on 8/25/2014. Chapter 1 and 2 of the provider's manual will be reviewed.	Location: St Annes, 155 N. Occidental Boulevard Los Angeles, CA 90026	
Report Writing 90889 (Dr. Levesque)	Discussed that it is not encouraged to use 90889 CPT code. This code has very meticulous claiming requirements. Filling out SSI form is not a covered service and cannot be claimed.	There will be a bulletin coming out with more info on this.	
Org. Manual Chap. 4 (Dr. Levesque)	Informed that Chapter four of the Provider's Manual is now in process and will be ready for release in the near future. Chapter three will be skipped for now and revised later.		
Service Request Tracking Log (Mr. Ekizian)	Reviewed the criteria for single site and multi-site dispositions. *Single Site– Client comes to your office to request services and services are provided at your office. In this case, the service	Update: Regarding cultural competency and SRL - <i>"Providers using the Service Request Log or SRTS shall document preferred language"</i>	

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	request is tracked on your internal SRL or in your EHRs comparable tracking system.*Multi Site– Client is referred into your agency by another <u>specific</u> agency, or you refer out to another <u>specific</u> agency. In this case, the service referrals need to be tracked on the SRTS.If there are multiple referrals, then the disposition just goes on your internal SRL or EHR tracking system.	<i>requests and cultural considerations on the Service Request Log or SRTS and are no longer required to keep a separate Cultural Competence Log. Providers using the paper Service Request Log shall continue to fax these logs to the Cultural Competence Unit". (QA Bulletin no. 14-03)</i>	
Countywide Children QIC (Gassia Ekizian)	The next Countywide Children's QIC will be on 8/21/2014 @ 600 Commonwealth Ave., 6th Floor Los Angeles, CA 90005	Members are encouraged to attend.	
Residential Facility Billing (Dr. Levesque)	Reviewed that according to policy, an assessment and treatment plan must be in place before claiming services to medi-cal. Currently, this includes residential treatment providers.	If a client is admitted to a residential facility the same Medical requirement exit.	
Audits	1. Hillside completed Auditor Controller - 8/2014 2. Hillside will have DCFS - 8/2014		
Handouts	1. Policy/Procedure Update 2. Physical Plant Inspection Checklist 3. IBHIS Addendum to Procedure Codes		
Announcements	None		
Next Meeting	September 17, 2014 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2 nd Floor, El Monte, CA 91731.		

Respectfully Submitted, Natalie Majors-Stewart, Tri-City Mental Health